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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AMENDMENT

Name:

Amedeo F. Ferraro

Art Unit 3731/Examiner Gary Jackson

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 703-872-9306

No. of Pages (including this): 12

Subject: U.S. Patent Application No. 10/647,933

Date:

March 9, 2005

Gary Karlin Michelson Filed: August 26, 2003 STAPLER HANDLE

Attorney Docket No. 101.0026-04000

Customer No. 22882 Confirmation No.: 3089 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$225.00 total amount to cover the two-month extension of time fee is to be charged to Deposit Account No. 50-1066) and Amendment with Exhibit A are being facsimile transmitted to the U.S. Patent and Trademark Office on March 9, 2005.

Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0026-04000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary Karlin Michelson Serial No: 10/647,933

Filed: August 26, 2003

For: STAPLER HANDLE

Art Unit: 3731 Examiner: Gary Jackson

Confirmation No.: 3089

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated October 13, 2004 in the above-identified application.

No additional fee is required.

冈 Applicant hereby requests a two-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) Claims remaining After amendment		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESEU EXTRA:	T LG/SM	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	14		20	-		LG=\$50 SM=\$25	\$50	\$ (0	
INDEPENDENT CLAIMS FEE	2	-	3			LG=\$200 SM=\$100	\$200	\$	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$	٥	
							TOTAL	\$	٥	

If the entry in Col. 1 is less than the entry in Col. 2, write '0" in Col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- \boxtimes The total amount of \$225.00 to cover the two-month extension of time fee is to be charged to Deposit Account No. 50-1066.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
 - \boxtimes Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra caims
 - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted

MARTIN & FERRARO, L/LP

Date: March 9, 2005

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